

HIPAA Implementation Newsletter

Issue #19 Friday, October 5, 2001

Web format with links at <http://lpf.com/hipaa>

Transactions | Best vs. Peer | Internet | Resources | Scope: System
Remediation

_____Transaction Mapping: The Difficult 10%_____

The Association for Electronic Health Care Transactions (AFEHCT) have posted two worksheets in Microsoft Excel format that provide a content gap analysis between HCFA 1450 and HIPAA 837I and between HCFA 1500 and 837P.

The readme text for the 1450 analysis says: This worksheet is an attempt at providing a crosswalk between the HCFA 1450 paper claim format to the HIPAA compliant 837I Implementation Guide. It also attempts to identify critical data content gaps. Besides AFEHCT workgroup members, other sources

were consulted including Utah Health Information Network and Minnesota Department of Health. The resulting worksheet is a collaborative effort conducted by industry experts, however it is purely an exercise on paper. In order to prove, or disprove, if it is possible map a HCFA 1450 paper claim form to a HIPAA compliant 837I a demonstration project will need to be conducted. br>

We scrolled through the 1450 worksheet:

- * 1149 total items
- * 89 items required on the 837I are not carried on the 1450
- * 9 additional items have potential problems.
- * 9% of the 1149 items cannot be simply mapped from one format to the other.

We scrolled through the 1500 worksheet. It provides four levels of shading.

- * 594 total number of lines on the worksheet
- * 538 non-shaded rows indicate that the gap analysis did not reveal any reason why this data element could not easily be mapped. In other words, one-to-one mapping is achievable.
- * 23 rows shaded with dots indicate that this data element should be able to be derived although it won't be as easy as one-to-one mapping.
- * 26 rows shaded with diagonal lines indicate that this data element may or may not be able to be derived or some other issue may be present which could make this data element impossible to determine.
- * 7 rows shaded gray indicate a critical data content gap. The data content simply does not exist and it may be impossible to derive it.
- * 10% of the 594 items cannot be simply mapped from one format to the other

AFEHCT has provided a good place to start or confirm your mapping process. In their worksheets, they have identified potential problems that will assist you in scoping the efforts to bring your data collection processes and systems compliant with these two code sets and transactions standards.

<http://www.afehct.org/aspire.asp>

They offer an email update to their projects:

<http://www.afehct.org/moreinfo.asp>

_____Transaction Mapping: Optional Data_____

In addition to the approximately 10% of the data elements that cannot be easily mapped, there are optional data fields according to a special report in Health Data Management magazine:

The law requires a uniform implementation of standards, meaning everyone uses the same implementation guide for each transaction. However, there are

enough optional data fields in the implementation guides to permit hundreds of different HIPAA standard formats, contends Dagher of Per-Se Technologies.

Per-Se clearinghouse is testing HIPAA-compliant eligibility verification transactions with eight different payers, Dagher says. About 80% of the formats are identical, but the remaining 20% with differences means we must

make changes to our editing software for each payer, he adds. br> Each of these variations will also require some time and resources for testing.

<http://www.healthdatamanagement.com/html/current/CurrentIssueStory.cfm?PostID=9062>

9/01 Claims Automation Keeps Plodding Along

_____Management Questions: Transaction Data_____

Mapping data from one format to another and then transferring comparable data is something computers do very well. Clearly the challenge is in the 10% of the data that is not in the current format or that may require special processing. Getting this information may require significant lead-time. The required lead-time and resources can only be determined by asking the following questions and developing appropriate project plans:

- * What data do you need?
- * Where can you get it? Can you tap another computer system, database or file? Do you need to ask for more information from patients or providers? Can you capture that information electronically or will you have to add it to a form?
- * What processes, procedures and forms will have to be changed and who

will

have to be trained?

* What current systems need to be modified to accept and process the revised

or additional data?

* What systems and interfaces need to be tested to assure proper handling of

the revised or additional data?

____Topic Papers: Transactions____

We write articles as we find and develop material. That means our readers have to use the search engine or the Past Issues page to find all of the information about a topic. They then have to go several places to gather what they want. With this issue, we are beginning a new service called topic papers. For key topics we will consolidate material into a single document, or perhaps, a set of documents. Transactions is the first. Topic papers are linked from the Resources page and listed on the Past Issues page. The transactions paper is at <http://lpf.com/hipaa/t-transactions.html>

____Best Practices vs. Peer Practices____

We had the pleasure of participating in an industry conference call recently. One of the participants began discussing best practices. Another participant suggested the use of peer practices. There was no follow-up because the conference moved on to other topics more central to the purpose of the call.

As consultants, we have participated in the search for and evaluation required to identify best practices. We looked at multiple practices and recommended that our clients tailor the best to their environment. This is a useful process if you have access and resources to identify and evaluate multiple similar practices.

If an organization is doing something that may be useful to others, it would be presumptive to share it under a claim that it is a best practice. At this point in the implementation of HIPA, most of the organizations that we talk with are simply interested in practices that are working. There is a need for organizations that have a practice that is effectively solving a problem to share that practice. It may not be a best practice. But the mere fact that it is being used, suggests it is a useful practice. Other organizations can then see if it would work for them or, more likely, to see if they can use it as a starting point to develop a better practice.

You can offer what you do as a peer practice to others in your industry. In circumstances like HIPAA where there is very little experience and there is limited time, this can be very valuable. If you have a practice that

works, share it as a peer practice. Everyone will benefit.

_____Internet: Paperless Health Plan_____

We are a proponent of the Internet and have published several articles about the need to include the Internet in planning HIPAA processes, privacy and security. Now Humana Inc. has announced Emphesys, a potentially paperless health plan, that will "totally reshape the way Americans buy health care." Emphesys promises to let patients, employers, doctors and insurance brokers handle everything from enrollment through claims processing via the World Wide Web, all much faster than by using paper. The product, being rolled out now in Memphis, is expected to be available in Louisville next spring as it spreads to all Humana markets over the next year or so.

For patients, that means enrolling in the plan from any computer that has Internet access, at any time. Then there is perhaps the patient's Holy Grail: eliminating the dreaded clipboard one gets handed at every doctor's office, to go through yet again the time-consuming exercise of filling out medical-history forms. Emphesys provides the option of filling out the forms one time online. Then when the receptionist at the doctor's office goes for the clipboard, you can instead offer up a personal identification number that will give the doctor's office access to your completed online form. [When we suggested this in Issue #16, we had several of our readers raise questions about the possibility we were smoking an illegal substance while writing the newsletter.]

What's in it for physicians? Faster and more certain payment of claims, for one thing. Humana will guarantee payment of claims if physicians check patient eligibility before providing care. And claims that get filed electronically will be paid within hours by electronic funds transfer instead of the current seven to 14-day turnaround.

The potential payoff to Humana is significant. The insurer projects that it will process about 26 million claims this year. Spokeswoman Mary Sellers said each claim filed electronically by a doctor costs Humana 5 cents less than a paper claim. The difference per claim balloons to 30 cents with hospital filings.

There are more advances to come. Next July Humana wants to test a smart ID card [Issue #13] when its own employees enroll in plans for the next year. The card will function much like the familiar bank debit card initially, providing an instant eligibility check and perhaps deducting co-payments. br>

<http://www.courier-journal.com/business/news2001/09/11/bu091101s68690.htm>
<http://lpf.com/hipaa/issue13.html#s-smart-cards-13>

_____Resources: State Government Agencies_____

overnment Information Value Exchange for States (GIVES) is a collaborative state government health care focus group resulting in the sharing of information through a clearinghouse highway and providing a forum for discussing and resolving issues in meeting the HIPAA legislation.

embership is limited to state government agencies. Vendor may participate only if their membership is sponsored by a current GIVES state government member. Memberships requests from vendors that do not list a sponsoring state and the name of the sponsor will be denied. br>

The impact of HIPAA doesn't stop at an agency door. There may be good reasons to limit access to some material. On the other hand, there is probably significant value in sharing information about topics such as interfaces and testing. Several people have commented on the quality of the material so we have included it here. But, we would like to see a willingness to share information that could be helpful to others.

<http://www.hipaagives.org/>

_____Scope: System Remediation_____

omputer Sciences Corporation (NYSE: CSC) announced that it has completed the first phase of a plan to modify its managed care information systems products to meet the provisions of the Health Insurance Portability and Accountability Act (HIPAA). CSC MHC Release 17, a product in CSC PowerSolutions suite, is one of the first such systems to meet HIPAA currently published transaction and code set requirements.

ince October 2000, CSC has logged more than 100,000 hours of design and development toward making its products meet HIPAA requirements. When the

project is complete, CSC expects to have funded more than 275,000 hours of HIPAA-related design and development work. br>

The systems of major vendors must meet the needs of multiple customers and

that makes them far more complex than a system tailored for the use of a single user. Nonetheless, we think this illustrates the scope of HIPAA remediation it is potentially very big. Full disclosure, we worked for CSC years ago.

<http://www.csc.com/industries/healthservices/news/1487.shtml>

_____Update_____

As noted above, we have consolidated our articles about transactions into a Transactions Topic Page <http://lpf.com/hipaa/t-transactions.html>

Information on the HIPAA Security: HIMSS Compendium has been added to the

Privacy and Security page.

<http://lpf.com/hipaa/privacy-security.html#himss-security-pans>

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